



INDIANA ECONOMIC DEVELOPMENT CORPORATION  
OFFICE OF INTERNATIONAL DEVELOPMENT  
TRADE SHOW ASSISTANCE PROGRAM (TSAP)  
Application

This application is used by the Office of International Development to determine if an Indiana business is eligible for funding under the Trade Show Assistance Program.

***ALL QUESTIONS MUST BE ANSWERED THOROUGHLY  
PLEASE TYPE OR PRINT CLEARLY***

Name of Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_ County \_\_\_\_\_

Telephone \_\_\_\_\_

Facsimile \_\_\_\_\_

Email \_\_\_\_\_ Company Website \_\_\_\_\_

Year firm was established \_\_\_\_\_ Number of employees worldwide \_\_\_\_\_  
(Number of employees must include parent companies, subsidiaries, etc.)

Annual company sales \_\_\_\_\_ Federal I.D.# \_\_\_\_\_  
(Must be provided)

Basic Industry Classification \_\_\_\_\_

(E.g. Hardware, Automotive, Etc.)

Is your company 51% or more:

Woman-owned \_\_\_\_ Yes \_\_\_\_ No

Minority-owned \_\_\_\_ Yes \_\_\_\_ No

Exhibit A, Page \_\_\_\_ of \_\_\_\_



If minority owned, please indicate the following:

☐ African American                      ☐ Multiracial                      ☐ Hispanic  
☐ American Indian or Alaskan Native                      ☐ Asian or Pacific Islander  
☐ Other (indicate) \_\_\_\_\_

\*\*\*\*\*  
**The above information is for reporting requirements  
only and does not establish approval or rejection.**  
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Name of trade show \_\_\_\_\_

Show location and dates \_\_\_\_\_

(A copy of the trade show brochure must be attached)

Has the U.S. Department of Commerce or the U.S. Department of Agriculture certified the trade show?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach proof of the certification.

Has U.S. Commercial Services recommended the trade show?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach proof of the certification.

Is your company new to export? \_\_\_\_\_ New to this specific market? \_\_\_\_\_

What type of relationship are you seeking? \_\_\_\_\_ Agent \_\_\_\_\_ Distributor

\_\_\_\_\_ Joint Venture \_\_\_\_\_ License \_\_\_\_\_ Direct to OEM

\_\_\_\_\_ Other(Specify) \_\_\_\_\_



Name/Title of employee planning to attend trade show

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Product(s) to be exhibited at show

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NAICS Code(s) \_\_\_\_\_

What percentage of your product is manufactured in Indiana \_\_\_\_\_%

How did you hear of this show?

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Have you participated in the TSAP before?      Yes \_\_\_\_\_      No \_\_\_\_\_

If you have participated in a trade show with TSAP within the previous 12 months, please attach an evaluation describing the impact that the trade show has had on your business over the last year.

How did you hear of the TSAP?

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Are you sharing a booth? \_\_\_\_\_      If yes, with how many companies? \_\_\_\_\_

Why have you selected this trade show for participation and what are your objectives/goals? (Be thorough. Use additional paper if needed.)

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**Private For-Profit Businesses (regardless of organizational structure)**

Applicant hereby affirms that it is properly registered with the Indiana Secretary of State and is in good standing with the Indiana Department of Revenue. Applicant also affirms that, (1) there are no outstanding enforcement actions against it by the Indiana Department of Environmental Management, (2) that all permits have been acquired or are in process with the Indiana Department of Environmental Management and Indiana Department of Natural Resources, and, (3) there are no significant workforce issues, such as a pending reduction in the applicant's workforce or pending or threatened workforce action against the applicant. The below-named signatory hereby warrants that they are authorized to make such affirmations to the Indiana Economic Development Corporation.

I agree that all information provided on this application is true to the best of my knowledge. Upon approval of this application I will abide by the Conditions of Participation for this Program, which were provided to me along with this application, and will enter into a written agreement with the State of Indiana.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

Return to:

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